

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. <u>79-417522</u> | | FILING DATE | |
|--|------|------------------------|------|------------------------|------|-----------------------------|------|-------------|------|
| | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | |
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| TOTAL IND. | 5 | | | | | TOTAL IND. | | | |
| TOTAL DEP. | | | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | 12 | | | | | TOTAL CLAIMS | | | |

BEST AVAILABLE COPY